TELLS THE FACTS AND NAMES THE NAMES

# CounterPunch

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## How the U.S. Has Secretly Backed Pakistan's Nuclear Program

### By Andrew Cockburn

*This is an expanded version of Andrew Cockburn's important world exclusive, which we recently ran on the CounterPunch website. Editors.*

Hillary Clinton recently told *Fox News*, "If the worst, the unthinkable, were to happen, and this advancing Taliban encouraged and supported by Al Qaeda and other extremists were to essentially topple the government … then they would have keys to the nuclear arsenal of Pakistan." Many will note that the extremists posing this unthinkable prospect were set up in business by the U.S. in the first place. But, very well buried is the fact that the nuclear arsenal has been itself the object of U.S. encouragement over the years and is to this very day sustained by crucial U.S. financial assistance and technical support.

Back in 1979, Zbigniew Brzezinski, intent on his own jihad against the USSR, declared that the "Afghan resistance" should be supplied with money and arms. That, of course, required full Pakistani cooperation, which would, Brzezinski underlined, "require a review of our policy toward Pakistan, more guarantees to it, more arms aid, and, alas, a decision that our security policy toward Pakistan cannot be dictated by our nonproliferation policy." In other words, Pakistan was free to get on with building a bomb so long as we could arm the people who have subsequently come back to haunt us. Asked for his views on Pakistan's nuclear ambitions, Ronald Reagan replied, "I just don't think it's any of our business." During the years that A.Q. Khan was peddling his uranium enrichment technology around the world, his shipping manager was a CIA agent,

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## *As a new edition of the shrink's bible looms* Inside the DSM: The Drug Baron's Campaign to Pathologize Entirely Natural Emotional Responses

### By Eugenia Tsao

Some years ago, a friend told me that he had been diagnosed with a major depressive disorder and that his psychiatrist had given him a prescription for Forest Laboratories' popular SSRI antidepressant Celexa (chemical name, citalopram hydrobromide; $1.5 billion in sales in 2003). Knowing him to be a vociferous critic of the pharmaceutical companies, I asked whether he agreed that the origins of his unhappiness were biological in nature. He replied that he unequivocally did not. "But," he confided, "now I might be able to get my grades back up."

This guy was, at the time, a full-time undergraduate student who managed rent, groceries and tuition only by working two part-time jobs. He awoke before dawn each morning in order to transcribe interviews for a local graduate student, then embarked upon an hour-long commute to campus, attended classes until late afternoon, and then finally headed over to a nearby café to wash dishes until nine o'clock in the evening. By the time he arrived home each night, he was too exhausted to work on the sundry assignments, essays and lab reports that populated his course syllabi. As the school year dragged on, he had become increasingly disheartened about his slipping grades and mounting fatigue and decided, finally, that something had to be done. So he'd seen the psychiatrist and was now on Celexa.

It is worth reflecting on this anecdote, and others like it, as research proceeds on the upcoming revision of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-V*), a draft of which is slated for release in late 2009. When perceived through the aseptic lens of statistics, diagnostic rates, and other seemingly objective metrics, the urgency with which companies like Pfizer exhort us to monitor ourselves for sadness or restlessness and to "ask your doctor if Zoloft is right for you" assumes a superficially unproblematic aspect. According to the National Institute of Mental Health, over 17 million American adults are afflicted with clinical depression each year, costing the national economy $30 billion in absenteeism, inefficiency and medical expenses. Eighty per cent of those afflicted will never seek psychiatric treatment, despite the American Psychiatric Association's regular reassurances that 80-90 per cent of chronic depression cases can be successfully treated, and 15 per cent will attempt suicide. Suicide is, indeed, the third leading cause of death among American youth aged 10 to 24.

Implicit to the drug companies' messianic promises of health, happiness and economic productivity is a spurious parable of linear scientific progress: in spite of consistently inconclusive clinical trials, new psychotropic drugs are regularly marketed as improvements on old ones, ever more specific in their targeting of neurotransmitters, ever less productive of pernicious side effects. While revelations that put the lie to the industry's feigned beneficence have belatedly crept into the mainstream press in recent years, the extent to which our lives and livelihoods have been colonized by the reductive logic of pharmaceutical intervention remains breathtaking. As Laurence Kirmayer of McGill University has suggested, the millennial rise of a "cosmetic" psychopharmaceutical in-

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whose masters had little problem with allowing the trade to go forward.

For the sake of appearances, naturally, Washington had to retain the posture of an ardent anti-proliferator. So, unwitting portions of the bureaucracy labored on as if U.S. policy really was to prevent Pakistani acquisition of nuclear weapons. Hence the sad but by no means unique story of Richard Barlow, a CIA analyst who testified to a congressional committee about Pakistan's extensive nuclear-component smuggling network. Telling the truth while his superiors were blithely lying ruined his career at the Agency. Transferred to the Pentagon, Barlow pursued the same course and soon suffered the same punishment, not least because Dick Cheney, defense secretary in the elder Bush's administration, was pushing forcefully for a benign attitude to Pakistan's bomb program. After all, there was a lucrative sale of F-16 jet fighters at stake.

When customs agents plotted a sting to catch a key member of the covert Pakistani network charged with acquiring necessary components for "the Islamic Bomb," their quarry escaped thanks to a timely tip-off from a high-level State Department official.

Now comes word from inside the Obama government that little has changed. "Most of the aid we've sent them over the past few years has been diverted into their nuclear program," a senior national security official in the current administration recently told me. Most of this diverted aid – $5.56 billion as of a year ago – was officially designated "Coalition Support Funds" for Pakistani military operations against the Taliban.

As a former national security official with knowledge of the policy explained to me, "We want to get in there and manage [their nuclear program]. If we manage it, we can make sure they don't start testing, or start a war." In other words, the U.S. is helping the Pakistanis to modernize their nuclear arsenal in hopes that the U.S. will, thereby, gain a measure of control. The official aim of U.S. technical support, at an estimated cost of $100 million a year, is to render the Pakistani weapons safer, i.e., less likely to go off if dropped, and more "secure," meaning out of the reach of our old friends, the extremists.

However, in pursuit of this objective, it is inevitable that the U.S. is not only rendering the warheads more operationally reliable, it is also transferring the technology required to design more sophisticated warheads without having to test them, a system known as "stockpile stewardship."

**When A.Q. Khan was peddling his technology, his shipping manager was a CIA agent.**

Conceived after the U.S. forswore live testing in 1993 as a means to "test" weapons through computer simulations, this vastly expensive program not only ensures the weapons' reliability (at least in theory) but also the viability of new and improved designs. In reality, the stewardship program has been as much a boondoggle for the politically powerful nuclear laboratories at Livermore and Los Alamos as anything else, so outreach in the form of assistance to the Pakistanis in this area can only gratify our own weaponeers.

"If you're not confident that weapons are safe to handle, you're more likely to keep them in the basement," says nuclear command and control expert Bruce Blair, president of the World Security Institute. "The military is always pressuring to deploy the weapons, which requires an increase in readiness." In 2008, Blair himself was approached by the Pakistani military seeking advice on means to render their weapons more secure. Their aim, he says, was to render their nuclear force "mature" and "operational."

Pakistan's drive to build more nukes is an inevitable by-product of the 2008 nuclear cooperation deal with India that overturned U.S. law and gave the Indians access to U.S. nuclear technology, not to mention massive arms sales, despite their ongoing bomb program.

The deal blew an enormous hole in the Non-Proliferation Treaty, but initial protests from congressional doves were soon smothered under human-wave assaults by arms company and nuclear industry lobbyists. The Israelis lent additional and potent assistance on Capitol Hill. Not coincidentally, Israeli arms dealers, promised a significant slice of the action, have garnered at least $1.5 billion worth of orders from Delhi. (The respected Israeli daily *Haaretz* has highlighted Indian media reports that the bribes involved totaled $120 million.) Nuclear power's handmaiden, the global warming lobby, was also a wellspring of ardent support, led by Rajendra Pachauri, the Indian railroad engineer who is chairman of the Intergovernmental Panel on Climate Change, which shared Al Gore's Nobel prize.) Even the Dalai Lama was drafted in to use his influence with impressionable members of Congress.

The consequent success in overturning a longstanding arms control treaty which in turn has led to the U.S. extending a helping hand to India's nuclear rivals in Pakistan, should only be seen as the wave of the future. Instead of foaming at the Iranian nuclear program, we should be standing at the ready to oversee their design of safer, more reliable nukes, and, after that, who knows? North Korea's bomb probably needs a helping hand too. **CP**

**Andrew Cockburn** writes about national security and related matters. His most recent book is *Rumsfeld: His Rise, Fall and Catastrophic Legacy*. He is the co-producer of *American Casino*, a feature documentary on the ongoing financial collapse. He can be reached at amcockburn@gmail.com.

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We stood by our story, and our legal team, headed by our lawyer Jonathan Lubell, mounted an energetic defense.

Earlier this year, minutes before the first full hearing in Superior Court in Washington, D.C., the plaintiff's lawyers announced that their client was dropping his suit.

*CounterPunch* fought back against a powerful opponent and prevailed, but the legal costs have been high: $34,603. Our yearly budgeting is tight, and as a matter of urgency, we need to cover these legal outlays.

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dustry, wherein drugs are "applied like make-up to make us look *and* feel good, while our existential predicaments go unanswered," raises disturbing questions about the consequences of our willingness to use chemicals to treat forms of distress that would seem to signal not biological but social maladies.

What is revealed about a society, in which drugs are touted with increasing regularity as a treatment of choice for entirely natural responses to conditions of unnatural stress? How have we been persuaded to equate such things as recalcitrant despair ("Dysthymic Disorder," *DSM-IV-TR* 300.4), adolescent rebellion ("Oppositional Defiant Disorder," *DSM-IV-TR* 313.81) and social apathy ("Schizoid Personality Disorder," *DSM-IV-TR* 301.20) with aberrant brain chemistry and innate genetic susceptibilities rather than with the societal circumstances in which they arise? What does it mean when increasing numbers of people feel as though they have no choice but to self-medicate with dubious chemical substances in order to stay in school, stay motivated, stay employed, and stay financially solvent?

In the summer of 2003, a small group of psychiatric survivors convened in Pasadena, California, to hold a hunger strike with the aim of forcing the American Psychiatric Association (APA) and the National Alliance on Mental Illness (NAMI) to admit that they had no conclusive evidence to support their claim that mental illness is based in biological dysfunction. Though the APA was, at first, quite indignant, it did eventually issue a statement, three weeks into the strike, conceding that "brain science has not advanced to the point where scientists or clinicians can point to readily discernible pathologic lesions or genetic abnormalities that in and of themselves serve as reliable or predictive bio-markers of a given mental disorder or mental disorders as a group."

This acknowledgement raises interesting questions. Although medical textbooks and even drug advertisements have, for years, admitted evidentiary uncertainties in psychiatric research (as a 2004 advertisement for a Pfizer antidepressant oddly proclaimed, "While the cause [of depression] is unknown, Zoloft can help"), the notion that mental disorders are ubiquitously and irrefutably founded in genetic, neurochemical and

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physiological anomalies is a mainstay of Western popular culture. The psychiatric fixation on brains and genes, vaunted in newspaper headlines on weekly basis, has quite deftly captured the public imagination, leading many people to view even mild forms of social maladjustment as pharmaceutically remediable. Today, we are everywhere urged to repackage ourselves into medicalized identity categories whenever we discover that we do not fit the productive, gregarious norm: the 8-year-old who cannot focus on her spelling exercises because of an energetic imagination has an attention-deficit/hyperactivity disorder, remediable with the aid of psychostimulants such as Ritalin or Adderall; the mother who cannot overcome her grief at losing her son in Iraq has clinical depression, readily dispatched with regular doses of Paxil, Prozac, or Lexapro.

Psychiatrist Joel Paris admits in his recent book *Prescriptions for the Mind*, that, "in reality, psychiatrists are treating conditions that they barely understand. Our diagnoses are, at best, rough and ready, and do not deserve the status of categories in other specialties. We have no laboratory tests that can reliably identify any mental disorder, and the measures we use are entirely based on clinical observations." So, how is it that psychiatric diagnoses are now the driving force behind a multibillion-dollar international industry? "The force driving psychiatry today," Paris readily grants, "is its wish to be accepted as a medical specialty." Indeed, the history of this wish reveals much more about the inordinate preoccupations of psychiatrists than of their supposed beneficiaries.

Psychiatry did not always suffer from biology envy. The project of systematically categorizing and enumerating types of mental illness, in fact, began in the United States not as a medical venture but a criminological one. As philosopher of science Ian Hacking writes, in the wake of the Industrial Revolution, the increasing stratification of wealth and resources in Western societies prompted an exciting new pastime for the educated classes: the scientific documentation of social misery. Starting with "an avalanche of numbers that begins around 1820," physicians developed a raft of new medical categories within which to group such behaviours as suicide, prostitution, drunkenness, vagrancy and petty crime. Informal attempts at condensing these data into diagnostic manuals were made in the ensuing decades: the 1840 national census documented occurrences of "idiocy/insanity," while the 1880 census split these figures into seven discrete categories: mania, melancholia, monomania, paresis, dementia, dipsomania and epilepsy. Unsurprisingly, this precipitated a sharp increase in diagnoses of what became homogeneously known as "feeblemindedness," and, by 1918, mental hospitals and asylums everywhere were bursting with inpatients. The earliest official medical nosologies of mental illnesses were then adopted in order to better manage the incarcerated populace.

The first editions of the *DSM* would have been unrecognizable to modern practitioners of psychiatry. The *DSM-I*, published in 1952, conceptualized mental disorders as dysfunctions of personality rather than of neurobiology, following a former president of the American Psychiatric Association's advocacy of "mental hygiene," and the *DSM-II*, published in 1968, consisted of 180 categories of illness framed in a flowery psychoanalytic cant that drew scorn from the medical community, which viewed it as something of an unscientific embarrassment. In their 1997 exposé, *Making Us Crazy*, Herb Kutchins and Stuart Kirk point out that the *DSM-II* was, in fact, a slim guidebook of dubious analytic value that clinicians could purchase for $3.50, designed to *describe*, rather than to *prescribe*, current psychiatric practices.

**What is revealed about a society in which drugs are touted with increasing regularity as a treatment of choice for entirely natural responses to conditions of unnatural stress?**

Things began to change in the next decade. Following the public outcry over thalidomide, a tranquilizer that was linked to thousands of birth defects despite originally being proclaimed safe by its manufacturers, the U.S. Food and Drug Administration initiated new regulations in 1962 covering the drug industry's activities: companies were now required to establish a direct correlation between the physiological effects of newly designed compounds and particular medical diseases. This was a fateful moment for the psychiatric enterprise, which at the time lacked standardized disease entities to which specific compounds could be tailored. Increasingly attacked by its critics as unscientific, passé, inadequately somatic, and borderline illegitimate, psychiatry was in danger of slipping into medical irrelevance and was in dire need of reinvention. Enter Robert Spitzer, head of biometrics research at Columbia University's Psychiatric Institute. Under Spitzer's direction, an aggressive initiative to revise the *DSM* was launched, new diagnostic instruments were devised, and quantification became the disciplinary catchword. When completed in 1980, the *DSM-III* was, in every sense, an entirely new document. Whereas the *DSM-II* was 134 pages long, the *DSM-III* ran to nearly 500 pages and described 265 mental disorders in fastidious, grocery-list-like detail. Spitzer, in fact, vehemently pushed for the *DSM* to classify "diseases," though the editorial board ultimately settled on the term "disorders" in order to placate the APA-member psychologists who found Spitzer's overly clinical zeal disturbing.

Theodore Millon, one of the original members of the *DSM-III* revision task force, has acknowledged that the editors' intentions were, in fact, to "embrace as many conditions as are commonly seen by practicing clinicians," and, in so doing, expand psychiatrists' access to fiscal coverage from third-party insurance providers. The rhetorical paraphernalia of the *DSM-III*, through which entirely normal forms of human behavior were transformed into somatic ailments, thus equipped psychiatrists with an unprecedented level of authority over problems of mental health throughout civil society, in fulfillment of a longstanding wish to attain the prestige of other medical specialties. By reconceptualizing everything from unhappiness to inefficiency to social anxiety as discrete illnesses, each indexed with formally objective criteria, fixed etiologies and clear-cut prognoses, the *DSM-III*'s authors – many of whom were recipients of major research grants



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from pharmaceutical companies – secured for themselves a substantial gift in the form of guaranteed insurance remittances, and furnished the drug barons with an equally lucrative gift: a slate of well-defined diagnostic entities at which to market their concoctions and, thus, an elegant solution to the challenges posed by the regulatory pressures of 1962.

In 1994, the *DSM-IV* was published to considerable acclaim, with a text revision released in 2000. A quick glance through its list of contributors is revealing. As was reported in a 2006 study, lead-authored by Lisa Cosgrove of the University of Massachusetts, 56 per cent (95 of 170) of the researchers who worked on the manual had at least one monetary relationship with a drug manufacturer between 1989 and 2004. Twenty-two per cent of these researchers received consulting income during that period, and 16 per cent were paid spokespersons for a drug company. The percentages are even higher – 100 per cent in some instances – for researchers who contributed to the manual's subsections on psychotic disorders such as schizophrenia. While Cosgrove and her coauthors were not able to determine the percentage of researchers who received funds from the drug industry during the actual production of the *DSM-IV*, the chorus of protest that arose following their paper's publication was telling. "I can categorically say," roared the *DSM-IV*'s text and criteria editor, Michael First, "that drug-company influence never entered into any of the discussions, whatsoever."

First's objection is probably accurate. The implementation of commercial agendas in medical research rarely takes the form of industry agents archly ordering doctors around. While it's true that the annual conventions of the APA have become glitzy trade fairs, at which attendees spend much of their time absorbing product pitches, it is the subtler forms of influence that have the most impact. As Joel Paris points out, "Although nothing *forces* us to prescribe their products, marketing strategies work. And the industries know it." By sponsoring the scholarly activities of researchers – such as conferences, whose keynote speakers are often booked by industry representatives – companies are able to clinch remarkable levels of good will from academic faculty and medical residents. The psychiatric literature is, additionally, infested with a voluminous amount of corporate ghostwriting, wherein drug companies invite doctors to add their names and, thus, their scientific imprimatur, to pre-written articles. (In return, naturally, these doctors get to pad their publication histories.) Many medical journals, moreover, manage their operating expenses by occasionally publishing corporate-sponsored "supplements," which readers are not always able to distinguish from the journal's regular issues. Finally, because of governmental agencies' lack of interest in funding clinical trials, the companies have a virtual monopoly on pharmacological research, and have been free to regularly suppress negative results and finesse methodologies in order to generate favorable outcomes. The drug companies are now *de facto* members of the medical research community, and it has become virtually impossible to determine where the academy ends and the industry begins.

**No one who is familiar with the texture of crushing, existential despair can fail to sympathize with another person's decision to resort to whatever is available to help them through the day.**

As the history of the *DSM* makes clear, it is not possible to speak of modern psychiatric nosologies without speaking of the professional interests from which they have arisen. The serviceability of this branch of the medical-industrial complex to the neoliberal fetishization of state noninterference, finally, should not be underestimated. With the innovation of increasingly marketable psychotropic drugs over the past four decades, public health officials have been free to legitimize healthcare budget cuts, hospital closures, and the widespread dismantlement of social services, by devolving responsibility for mental health to the individual and by transforming happiness into a problem of consumer choice. Miserable people – the exhausted assembly-line worker, the desperate college student, the alcoholic veteran – no longer pose a threat to the status quo so long as they agree to self-medicate and to keep themselves, thereby, in a state of artificial equanimity. As sociologist Nikolas Rose says, "In the majority of cases, such treatment was not imposed coercively upon unwilling subjects, but sought out by those who had come to identify their own distress in psychiatric terms, believe that psychiatric expertise would help them, and were thankful for the attention they received." And this is the crux of the matter.

A common objection to criticisms of our society's growing infatuation with psychopharmaceuticals is that distressed people should be free to undertake whatever course of action they feel is necessary to dispel their misery. I cannot dispute this contention. No one who is familiar with the texture of crushing, existential despair can fail to sympathize with another person's decision to resort to whatever is available to help them through the day, and it is not my intention to indict the personal logics that underpin these choices.

The rationality of consumer choice, however, is inevitably limited insofar as authentic data on the health risks of specific compounds are rarely available in the public domain, and insofar as the drug companies continue to inundate airwaves, newspapers, magazines and billboards with mollifying untruths about the efficacy of their products. As Alexander Cockburn has recently revealed in this newsletter, as much as a third of consumers who view an advertisement for a particular prescription drug go off and talk to their doctors about it, and nearly half of those who ask for a drug end up getting a prescription for it. How many of these consumers know of the plethora of peer-reviewed studies that have demonstrated that selective serotin re-uptake inhibitors (SSRI) compounds are closely linked with violence and suicide? What percentage of those who have come to conceptualize their pain in biological terms are aware that definitive links have yet to be established between neurotransmitter action and complex, culture-bound emotional states such as grief, anguish and loneliness?

Data manipulation and elision are rampant in psychopharmaceutical re-

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# The Strategy behind Israel's Migrant Labor Policies

## By Yonatan Preminger

As an increasing number of people feel the grip of the global financial crisis, Israel's familiar bugbear has been wheeled out yet again: deport the foreign workers! True to form, the newly appointed Finance Minister Yuval Steinitz has decided that the deportation of 100,000 migrant laborers will improve the economic situation.

We've been here before. In 2003, Israel launched its first major campaign to reduce the number of "foreign workers," as they are known in Hebrew (*ovdim zarim*). Now the workers are preparing themselves for another round of brutal operations by the infamous immigration police.

In Israel's labor market, deportations of "foreign workers" are followed by imports of others to take their place. Yet, Israel has an abundant supply of local workers – why does it still prefer the migrant laborers? Because they are not Arabs.

There are about 250,000 migrant laborers in Israel, mostly from the Philippines and Thailand, working mainly in agriculture, nursing and construction. For a country of just under 7.4 million citizens, this is an enormous number. More than half are considered illegal – some have outstayed their allotted time, some are victims of fraud, and some have violated the terms of their employment, often through no fault of their own. With unemployment rising again, it seems logical to employ Israel's citizens before turning to outside labor, but, as usual, the picture is more complicated.

The truth is, Israel is confused. Since the 1980s, when the country began a process of deregulation with the aim of hitching its markets to the global economy, Israel has been torn between the myth of Jewish solidarity and the Zionist enterprise on the one hand, and the demands of the growing economic elite on the other. Bluntly put, it wants to keep the country open to Jews only but have access to workers willing to do the dirty work for peanuts.

In the past, Israel employed Arabs as cheap labor – both Palestinian citizens of Israel and Palestinians from the Occupied Territories (who have no Israeli citizenship). Then, in the 1990s, as Israelis opened their eyes to the Oslo Accords, watched their economy grow, and enjoyed the "quiet" that the promise of peace granted them, Palestinians from the Occupied Territories found themselves stuck, cut off from their source of livelihood in Israel by renewed policies of military closures around the Territories. Meanwhile, Palestinian Israelis watched their jobs disappear as factories were moved abroad and as they competed with a million newly arrived Russian *olim* (Jewish immigrants) for the remaining labor-intensive work.

**Why does Israel maintain such a large migrant labor force? The migrant workers are simply cheaper and easier to exploit.**

Changing government priorities, the Intifada and globalisation opened the way for migrant laborers. Companies owned by the Histadrut (the General Federation of Labor), publicly owned enterprises, were sold off. State support for agriculture diminished as the long-declining ideology of working the land finally collapsed. The new owners of Histadrut companies, building contractors and farmers, sought sources of labor that would enable them to compete in the now unprotected market. Migrant labor fitted the bill.

Farmers and contractors explain their preference for foreign labor by claiming there is no local workforce. "Israelis aren't willing to do those kind of jobs," so the mantra goes. And it does, indeed, seem that few Israeli Jews are willing to do hard manual labor anymore. But there *are* Israelis willing to do those kinds of jobs – Israel's Palestinian citizens.

The "Arab sector," as it is known here, struggles against insufficient investment and inadequate infrastructure. Before 1948, the Palestinian Arab economy was mostly agrarian. Today, only about 4 per cent of the Palestinian Israeli population lives off agriculture, yet other options for earning a living are scarce. Few Arab towns have any significant industrial parks, and the primary industry that once employed Arabs – textiles – has been moved overseas.

According to Israel's Central Bureau of Statistics, in 2008 only 40 per cent of Arab men of working age participated in the workforce, compared with 56 per cent for Israel as a whole, and only 19 per cent of Arab women, compared with 56 per cent of Jewish women. Half of Israel's Arab citizens live below the poverty line. Many would jump at the opportunity to work, though a job in Israel today is not always a way of escaping the poverty cycle.

And, if these workers prove insufficient, there are thousands more on the other side of the "security fence." Israel has administered the West Bank and Gaza since 1967, flooding the Territories with its products, thereby – deliberately or otherwise – preventing the development of local industry and discouraging entrepreneurship. Residents of the Territories have also provided Israel with builders, cleaners and agricultural laborers for thirty years. The result is an underdeveloped Palestinian economy, entirely dependent on Israel, and a huge workforce eager to work in Israel.

The proof of their willingness to work can be found at Israel's major intersections, where Palestinians from the West Bank wait each morning in the hope that some contractor will offer them work. Most of them have gone through hell to get around the checkpoints and across the separation wall, a dangerous – occasionally fatal – journey of many hours. Many sleep in makeshift camps such as abandoned building sites just minutes from Tel Aviv's chic boulevards, and return to the West Bank and their families only on the weekends.

It is difficult to estimate the number of West Bank residents working in Israel. According to the Workers Advice Centre, an NGO active mainly among agricultural and construction workers, in 2005 there were around 20,000 working legally (with a permit), in addition to at least that number working illegally. The difficulties involved in entering Israel enable employers to claim that Palestinians from



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the West Bank are an unreliable labor force.

Police raids, a common nightmare for illegal Palestinian workers, aim to intimidate the workers and put on a show for Israelis, so fearful of "infiltrators." The workers are deported and may lose whatever job they were lucky enough to find, but everyone knows that they will be back as soon as they have negotiated their way through the porous "security" system: work in Israel is in great demand.

Clearly, Israel has easy access to willing labor, so why does Israel maintain such a large migrant labor force? The principal reason has little to do with the lack of a local workforce. The migrant workers are simply cheaper and easier to exploit.

Most migrant laborers in Israel today are Thais, working primarily in agriculture, and Filipinos, working primarily as caregivers. Many arrive with huge debts after paying middlemen between $6,000 and $9,000 in mediation fees (through arrangements that are mostly illegal). However, their wages in Israel amount to less than the legal minimum because some of the long hours they work are not remunerated.

Their employers save money also by not paying any peripheral benefits such as pension fund payments, sick pay, annual leave or maternity leave. Migrant workers rarely receive dismissal compensation, seniority-based wage increases, or overtime pay. In addition, wages are often paid in arrears, obliging the worker to remain with the same employer for fear of losing earnings.

Migrant workers are legally subject to the collective agreements negotiated by the Histadrut, but law enforcement is minimal, and the state's representatives almost invariably take the employers' side in any dispute.

The Israeli and Thai governments have been in contact with the International Organisation for Migration (IOM) in the hope of controlling the black market in mediation fees and permits, but so far without results. In 2006, Israel's Foreign Ministry refused to sign an agreement with the IOM, but in 2007 the IOM signed an agreement with Thailand that will facilitate supervision of recruitment of Thai workers destined for Israel. Also, since June 2008, only workers from countries that have bilateral agreements with Israel have been permitted to enter.

It remains to be seen whether these agreements will reduce the exploitation of migrant labor. Unfortunately for the workers, there are interests vested in the current system: many agencies in Israel as well as in the workers' countries of origin stand to lose an extremely lucrative business if mechanisms for control are put into place.

However, the issue of Israel's labor preferences goes beyond economic calculations and concerns the identity of the workers themselves. In any discussion about the use of Palestinian labor, security concerns are invariably voiced: "When my father used to go to work in the fields with Arabs," says E. from a kibbutz in the north, "he would take his pistol and be looking over his shoulder all the time. With the Thai workers he feels safe."

**Migrant labor has enabled Israel to open its borders to the globalized economy without endangering its Jewish identity, while bolstering the myth that Israel can be a country for Jews alone.**

Though not everyone feels the threat in quite this way, the government of PM Ariel Sharon decided in 2005 that, by 2008, Palestinians from the Occupied Territories would no longer be working within Israel. Keeping the Palestinian workers out, then, is part of a deliberate policy that borders on demagoguery, playing on the fears of Israeli Jews and strengthening the misleading consensus of "us here, them over there" – misleading, because Israel is "over there" too, with its ever-expanding settlements, and "they" are here in the form of Israel's largely unseen Palestinian citizens.

But security, as always, tells only part of the story. After all, if workers can get into the country from the West Bank, so can others with more insidious objectives. The preference for migrant labor over Palestinian labor stems from something for which "security" serves as a fig leaf: Israel's striving to reduce the Arab presence on this piece of land.

The ideology of separate economies for Jews and Arabs goes back to the days of Jewish settlement in Palestine, when it was feared that cheap Arab labor would discourage European Jews from immigrating. After 1948, freedom of movement for Arab citizens was restricted until 1966, when the military administration was finally lifted. After 1967, Palestinians from the Occupied Territories had the advantage of "disappearing" at the end of the workday, but they, too, were a constant reminder of the local population, which Israel was not ready to acknowledge.

Migrant workers, on the other hand, pose no "demographic threat," particularly if the immigration police keep working. Though many have been here for years, and their children speak Hebrew just like Israeli children, they are deemed a temporary presence. The situation has plumbed new depths of absurdity: farmers consider the migrant Thais to be permanent workers and the local population – Arabs – as seasonal laborers who fill in during temporary labor shortages.

Israel has also succeeded in depoliticising the issue. The hiring of migrant labor is perceived simply as an economic necessity, while questions of identity, the closure of the Occupied Territories, the "security fence" and the "demographic threat" (not to mention workers' rights) are held to be unrelated.

Thus, despite the economic crisis and associated rising unemployment, it is unlikely that Israel will wean its employers off cheap "foreign workers" in favor of opening more employment opportunities to the Arab sector or Palestinians from the Occupied Territories. The current situation is too convenient: migrant labor has enabled Israel to open its borders to the globalized economy without endangering its Jewish identity, while bolstering the myth that Israel can be a country for Jews alone.

In fact, Israel has finally succeeded in doing what it failed to do during the years it was still reliant on cheap Arab labor: it has taken the Arabs out of the market. **CP**

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search. The list of revelations, both current and years-old, is extensive and can be elaborated only in brief. In the 1990s, the litigation-averse *Los Angeles Times* killed an investigative report coauthored by Alexander Cockburn and former *Scientific American* editor Fred Gardner, in which evidence was presented linking Prozac to, among other things, domestic violence and tumor growth. Journalist Evelyn Pringle has, more recently, reported on the *CounterPunch* website that Janssen-Cilag's antipsychotic Risperdal (chemical name, risperidone; $3.5 billion in sales in 2005) induced severe side effects, including strokes and death, in 1,207 children between 1993 and 2008. Two recent studies, conducted independently in the United States and Great Britain, have additionally revealed that newly released antipsychotics differ from their predecessors only in price, not in efficacy or safety.

But a question remains. What if, in some hypothetical future, a new generation of unambiguously safe and effective psychotropics could be developed? Would it become ethically acceptable to urge the depressed and the despondent to take drugs?

When psychiatrists lament that over half of depressed people are "treatment-resistant," what they do not consider is this. It is not the "stigma" of being labeled mentally ill that discourages many people from seeking medical help; it is a strenuous aversion to being told that one's existential grievances are irrational, a mere result of a pathological neurochemical imbalance. It is the fear of being coerced into ingesting foreign substances, whether safe or dangerous. Since 1997, the National Alliance on Mental Illness has sought to expand a medication compliance program first developed in the 1970s, wherein mental health workers visit outpatients on a daily basis to confirm that they've taken their drugs, and to forcibly administer drugs if necessary.

We are at a strange point in history. It should come as no surprise that the exhausting and alienating conditions in which we live and labor are productive of myriad forms of psychological suffering. Yet, critics of biological psychiatry are commonly subjected to the fallacious accusation that, because we reject the equation of unhappiness with sickness, we must believe that it is a weakness. This is a false dichotomy. Is it so difficult to understand the pain engendered by life under neoliberal capitalism as something worthy of dignified reflection, irreducible to either sickness or weakness? Is it so hard to grasp that to detrivialize the social conditions that give rise to despair or the ideologies that equate difference with disease is not to trivialize despair or difference?

Let's be candid. The drug barons' ongoing campaign to pathologize entirely natural emotional responses to hunger, humiliation, financial insecurity, racism, sexism, overwork and isolation is a mercenary tactic, designed to create markets, maximize profits and minimize dissidence. Whether intended or unintended, the consequence is that we have come to reflexively view ourselves – our bodies, brains, and genes – rather than our societal environment as pathogenic, against all evidence to the contrary. As the *DSM-V* looms, we have to explore the dire implications of this trend and contintue to raise the alarm. **CP**

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